## PATENT APPLICATION FEE DETERMINATION RECORD

Effective cember 8, 2004

Application or Docket Number

0/5 7914

| I  |  | CLAIMS                                    | AS FILED  | - PART I                            |            |                                       |           | SMALL EN           | TITY                   |      | OTHER               | THAN                   |
|--|--|---|---|-------------------------------------|------------|---------------------------------------|-----------|--------------------|------------------------|------|---------------------|------------------------|
|  |  |   | (Column 1)  |                                     | Ė          | (Column 2)                            |           | TYPE               |                        | OR   | OR SMALLE           |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |                                     |            |                                       |           | RATE               | FEE                    | ]    | RATE                | FEE                    |
| BA   | SIC FEE  |   | SMALL ENT. = \$ 150   |                                     | LAR        | GE ENT. = \$ 300                      |           | BASIC FEE          |                        | OR   | BASIC FEE           | 727                    |
| EX.  | AMINATION FI                                   | EE  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                   |                                     |            | other situations =<br>\$ 100 / \$ 200 |           | EXAM. FEE          |                        |      | EXAM. FEE           |                        |
| SE   | ARCH FEE                                       |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$ 200 / \$400 |                                     |            | ther situations =<br>\$ 250 / \$ 500  |           | SEARCH FEE         |                        | 1    | SEARCH FEE_         |                        |
| FE   | FOR EXTRA                                      | SPEC. PGS.                                | mir   | minus 100 =                         |            | / 50 =                                |           | X \$ 125 =         |                        | 1    | X \$ 250 =          | _0 1                   |
| тот  | TAL CHARGEA                                    | BLE CLAIMS                                | 2.2 m   | Z.Z minus 20 = .                    |            | 2                                     |           | X \$ 25 =          |                        | ÖR   | X \$ 50 =           | 100                    |
| IND  | EPENDENT C                                     | AIMS .                                    | minus 3 =   |                                     | *          |                                       |           | X \$ 100 =         |                        | OR   | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |   |                                     |            |                                       |           | + \$ 180 =         |                        | OR   | + \$ 360 =          |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |                                     |            |                                       |           | TOTAL              |                        | OR   | TOTAL               | VIII.                  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |   |                                     |            |                                       |           | SMALL E            | NTITY                  | OR   | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY | PRESENT<br>EXTRA                      |           | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus   | **                                  |            | =                                     | $\cdot$ [ | X \$ 25 =          |                        | OR   | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus   | ***                                 |            | =                                     |           | X \$ 100 =         |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                     |            |                                       |           | + \$ 180 =         |                        | OR   | + \$ 360 =          |                        |
|  |  |   |   |                                     |            |                                       |           | FEE                |                        | OR   | TOTAL ADDIT.        |                        |
|  |  | (Column 1)                                |   | (Colum                              | n 2)       | (Column 3)                            |           |                    |                        | _    |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA                      |           | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus   | **                                  |            | =                                     |           | X \$ 25 =          |                        | OR   | X \$ 50 =           |                        |
|  | Independent                                    | <b>*</b> .                                | Minus   | ***                                 |            | <b>=</b> ·                            |           | X \$ 100 =         |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                     |            |                                       |           | + \$ 180 =         |                        | OR   | + \$ 360 =          |                        |
|  |  |   |   |                                     |            |                                       | 7         | OTAL ADDIT.<br>FEE |                        | OR T | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                     |            |                                       |           |                    |                        |      |                     |                        |